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## BIB DATA SHEET

CONFIRMATION NO. 2125

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/605,126	09/10/2003	604	4123	1372.23.PRWOUS
<b>RULE</b>				
<b>APPLICANTS</b> Andrew M. Hoff, Tampa, FL; Richard Gilbert, Tampa, FL; Richard Heller, Tampa, FL; Mark J. Jaroszeski, Tampa, FL;				
<b>** CONTINUING DATA *****</b> This application is a CON of PCT/US02/07637 03/13/2002 which claims benefit of 60/275,326 03/13/2001				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 12/02/2003				
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/AARTI BHATIA/</u> Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b>  FL	<b>SHEETS DRAWINGS</b>  4	<b>TOTAL CLAIMS</b>  33
<b>INDEPENDENT CLAIMS</b>  4				
<b>ADDRESS</b>  SMITH HOPEN, PA 180 PINE AVENUE NORTH OLDSMAR, FL 34677 UNITED STATES				
<b>TITLE</b>  Electromanipulation Device and Method				
<b>FILING FEE RECEIVED</b>  534	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	